

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 1 OF 12
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)		FEC IDENTIFICATION NUMBER ▼ C C00553560	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on	
		MM / DD / YYYY 06 / 14 / 2016	

Full Name of Payee CONSOLIDATED MAILING SERVICES		Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 13 / 2016	
Mailing Address 504 SHAW RD SUITE 206		Amount 4940.49	
City STERLING	State VA	Zip Code 20166	Transaction ID : SE.56398
Purpose of Expenditure VOTER CONTACT MAIL	Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 06 / 13 / 2016	
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State:	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
		119899.46	

Full Name of Payee CONSOLIDATED MAILING SERVICES		Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 13 / 2016	
Mailing Address 504 SHAW RD SUITE 206		Amount 39.42	
City STERLING	State VA	Zip Code 20166	Transaction ID : SE.56404
Purpose of Expenditure VOTER CONTACT MAIL	Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 06 / 13 / 2016	
Name of Federal Candidate TIMOTHY E SCOTT		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: SC	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
		27272.64	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	4979.91
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
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NAME OF COMMITTEE (In Full) VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)		FEC IDENTIFICATION NUMBER ▼ C C00553560	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input type="checkbox"/> New report	<input checked="" type="checkbox"/> Amends report filed on
		M M M / D D D / Y Y Y Y Y Y 06 / 14 / 2016	

Full Name of Payee CONSOLIDATED MAILING SERVICES		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 06 / 13 / 2016	
Mailing Address 504 SHAW RD SUITE 206		Amount 204.98	
City STERLING	State VA	Zip Code 20166	Transaction ID : SE.56405
Purpose of Expenditure VOTER CONTACT MAIL		Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 06 / 13 / 2016
Name of Federal Candidate WILLIAM HURD		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 23 <input type="checkbox"/> President <input type="checkbox"/> Senate State: TX
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
		27872.28	

Full Name of Payee CONSOLIDATED MAILING SERVICES		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 06 / 13 / 2016	
Mailing Address 504 SHAW RD SUITE 206		Amount 21.21	
City STERLING	State VA	Zip Code 20166	Transaction ID : SE.56406
Purpose of Expenditure VOTER CONTACT MAIL		Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 06 / 13 / 2016
Name of Federal Candidate MIA LOVE		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 04 <input type="checkbox"/> President <input type="checkbox"/> Senate State: UT
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
		27206.71	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	226.19
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

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NAME OF COMMITTEE (In Full) VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)		FEC IDENTIFICATION NUMBER ▼ C C00553560	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input type="checkbox"/> New report	<input checked="" type="checkbox"/> Amends report filed on
		M M M / D D D / Y Y Y Y Y Y 06 / 14 / 2016	

Full Name of Payee DIRECT SUPPORT SERVICES INC		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 06 / 13 / 2016	
Mailing Address 1155 - 15TH STREET NW SUITE 410		Amount 3988.11	
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : SE.56399
Purpose of Expenditure VOTER CONTACT MAIL		Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 06 / 13 / 2016
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
		123887.57	

Full Name of Payee DIRECT SUPPORT SERVICES INC		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 06 / 13 / 2016	
Mailing Address 1155 - 15TH STREET NW SUITE 410		Amount 31.82	
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : SE.56407
Purpose of Expenditure VOTER CONTACT MAIL		Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 06 / 13 / 2016
Name of Federal Candidate TIMOTHY E SCOTT		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: SC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
		27304.46	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	4019.93
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

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NAME OF COMMITTEE (In Full) VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)		FEC IDENTIFICATION NUMBER ▼ C C00553560	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input type="checkbox"/> New report	<input checked="" type="checkbox"/> Amends report filed on
		M M M / D D D / Y Y Y Y Y Y 06 / 14 / 2016	

Full Name of Payee DIRECT SUPPORT SERVICES INC		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 06 / 13 / 2016	
Mailing Address 1155 - 15TH STREET NW SUITE 410		Amount 165.46	
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : SE.56412
Purpose of Expenditure VOTER CONTACT MAIL	Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 06 / 13 / 2016	
Name of Federal Candidate WILLIAM HURD		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 23 <input type="checkbox"/> President <input type="checkbox"/> Senate State: TX
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
		28037.74	

Full Name of Payee DIRECT SUPPORT SERVICES INC		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 06 / 13 / 2016	
Mailing Address 1155 - 15TH STREET NW SUITE 410		Amount 17.13	
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : SE.56417
Purpose of Expenditure VOTER CONTACT MAIL	Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 06 / 13 / 2016	
Name of Federal Candidate MIA LOVE		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 04 <input type="checkbox"/> President <input type="checkbox"/> Senate State: UT
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
		27223.84	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	182.59
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

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NAME OF COMMITTEE (In Full) VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)		FEC IDENTIFICATION NUMBER ▼ C C00553560	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input type="checkbox"/> New report	<input checked="" type="checkbox"/> Amends report filed on
		M M M / D D D / Y Y Y Y Y Y 06 / 14 / 2016	

Full Name of Payee DONOR BUREAU		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 06 / 13 / 2016	
Mailing Address 1900 N CULPEPPER ST		Amount 166.60	
City ARLINGTON	State VA	Zip Code 22207	Transaction ID : SE.56401
Purpose of Expenditure VOTER CONTACT MAIL	Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 06 / 13 / 2016	
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought 124877.30		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee DONOR BUREAU		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 06 / 13 / 2016	
Mailing Address 1900 N CULPEPPER ST		Amount 1.33	
City ARLINGTON	State VA	Zip Code 22207	Transaction ID : SE.56409
Purpose of Expenditure VOTER CONTACT MAIL	Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 06 / 13 / 2016	
Name of Federal Candidate TIMOTHY E SCOTT		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: SC
Calendar Year-To-Date Per Election for Office Sought 27312.35		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	167.93
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

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NAME OF COMMITTEE (In Full) VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)		FEC IDENTIFICATION NUMBER ▼ C C00553560	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input type="checkbox"/> New report	<input checked="" type="checkbox"/> Amends report filed on
		M M / D D / Y Y Y Y Y Y 06 / 14 / 2016	

Full Name of Payee DONOR BUREAU		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 06 / 13 / 2016	
Mailing Address 1900 N CULPEPPER ST		Amount 6.91	
City ARLINGTON	State VA	Zip Code 22207	Transaction ID : SE.56414
Purpose of Expenditure VOTER CONTACT MAIL	Category/ Type 004	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 06 / 13 / 2016	
Name of Federal Candidate WILLIAM HURD		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 23 <input type="checkbox"/> President <input type="checkbox"/> Senate State: TX
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
		28078.80	

Full Name of Payee DONOR BUREAU		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 06 / 13 / 2016	
Mailing Address 1900 N CULPEPPER ST		Amount 0.72	
City ARLINGTON	State VA	Zip Code 22207	Transaction ID : SE.56419
Purpose of Expenditure VOTER CONTACT MAIL	Category/ Type 004	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 06 / 13 / 2016	
Name of Federal Candidate MIA LOVE		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 04 <input type="checkbox"/> President <input type="checkbox"/> Senate State: UT
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
		27228.10	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	7.63
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

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NAME OF COMMITTEE (In Full) VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)		FEC IDENTIFICATION NUMBER ▼ C C00553560	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input type="checkbox"/> New report	<input checked="" type="checkbox"/> Amends report filed on
		M M M / D D D / Y Y Y Y Y Y 06 / 14 / 2016	

Full Name of Payee DSSI		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 06 / 13 / 2016	
Mailing Address 1155 - 15TH STREET NW SUITE 410		Amount 823.13	
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : SE.56400
Purpose of Expenditure VOTER CONTACT MAIL	Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 06 / 13 / 2016	
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought 124710.70		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ► _____	

Full Name of Payee DSSI		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 06 / 13 / 2016	
Mailing Address 1155 - 15TH STREET NW SUITE 410		Amount 6.56	
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : SE.56408
Purpose of Expenditure VOTER CONTACT MAIL	Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 06 / 13 / 2016	
Name of Federal Candidate TIMOTHY E SCOTT		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: SC
Calendar Year-To-Date Per Election for Office Sought 27311.02		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ► _____	

(a) SUBTOTAL of Itemized Independent Expenditures..... ►	829.69
(b) SUBTOTAL of Unitemized Independent Expenditures ►	
(c) TOTAL Independent Expenditures..... ►	

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NAME OF COMMITTEE (In Full) VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)		FEC IDENTIFICATION NUMBER ▼ C C00553560	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input type="checkbox"/> New report	<input checked="" type="checkbox"/> Amends report filed on
		M M M / D D D / Y Y Y Y Y Y 06 / 14 / 2016	

Full Name of Payee DSSI		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 06 / 13 / 2016	
Mailing Address 1155 - 15TH STREET NW SUITE 410		Amount 34.15	
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : SE.56413
Purpose of Expenditure VOTER CONTACT MAIL	Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 06 / 13 / 2016	
Name of Federal Candidate WILLIAM HURD		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 23 <input type="checkbox"/> President <input type="checkbox"/> Senate State: TX
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
		28071.89	

Full Name of Payee DSSI		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 06 / 13 / 2016	
Mailing Address 1155 - 15TH STREET NW SUITE 410		Amount 3.54	
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : SE.56418
Purpose of Expenditure VOTER CONTACT MAIL	Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 06 / 13 / 2016	
Name of Federal Candidate MIA LOVE		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 04 <input type="checkbox"/> President <input type="checkbox"/> Senate State: UT
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
		27227.38	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	37.69
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

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Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on	
		MM / DD / YYYY 06 / 14 / 2016	

Full Name of Payee FORTH RIGHT STRATEGY INC		Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 13 / 2016	
Mailing Address 1155 - 15TH STREET NW SUITE 410		Amount 2563.79	
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : SE.56402
Purpose of Expenditure VOTER CONTACT MAIL	Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 06 / 13 / 2016	
Name of Federal Candidate HILLARY RODHAM CLINTON		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought 127441.09		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee FORTH RIGHT STRATEGY INC		Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 13 / 2016	
Mailing Address 1155 - 15TH STREET NW SUITE 410		Amount 20.46	
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : SE.56410
Purpose of Expenditure VOTER CONTACT MAIL	Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 06 / 13 / 2016	
Name of Federal Candidate TIMOTHY E SCOTT		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: SC	
Calendar Year-To-Date Per Election for Office Sought 27332.81		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	2584.25
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input type="checkbox"/> New report	<input checked="" type="checkbox"/> Amends report filed on
		M M M / D D D / Y Y Y Y Y Y 06 / 14 / 2016	

Full Name of Payee FORTH RIGHT STRATEGY INC		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 06 / 13 / 2016	
Mailing Address 1155 - 15TH STREET NW SUITE 410		Amount 106.37	
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : SE.56415
Purpose of Expenditure VOTER CONTACT MAIL	Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 06 / 13 / 2016	
Name of Federal Candidate WILLIAM HURD		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 23 <input type="checkbox"/> President <input type="checkbox"/> Senate State: TX
Calendar Year-To-Date Per Election for Office Sought 28185.17		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee FORTH RIGHT STRATEGY INC		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 06 / 13 / 2016	
Mailing Address 1155 - 15TH STREET NW SUITE 410		Amount 11.01	
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : SE.56420
Purpose of Expenditure VOTER CONTACT MAIL	Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 06 / 13 / 2016	
Name of Federal Candidate MIA LOVE		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 04 <input type="checkbox"/> President <input type="checkbox"/> Senate State: UT
Calendar Year-To-Date Per Election for Office Sought 27239.11		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	117.38
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
09 / 20 / 2016

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 11 OF 12
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)		FEC IDENTIFICATION NUMBER ▼ C C00553560	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input type="checkbox"/> New report	<input checked="" type="checkbox"/> Amends report filed on
		M M M / D D D / Y Y Y Y Y Y 06 / 14 / 2016	

Full Name of Payee LEGACY LIST MANAGEMENT INC		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 06 / 13 / 2016	
Mailing Address 1155 - 15TH STREET NW SUITE 410		Amount 471.25	
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : SE.56403
Purpose of Expenditure VOTER CONTACT MAIL	Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 06 / 13 / 2016	
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought 127912.34		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee LEGACY LIST MANAGEMENT INC		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 06 / 13 / 2016	
Mailing Address 1155 - 15TH STREET NW SUITE 410		Amount 3.76	
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : SE.56411
Purpose of Expenditure VOTER CONTACT MAIL	Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 06 / 13 / 2016	
Name of Federal Candidate TIMOTHY E SCOTT		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: SC
Calendar Year-To-Date Per Election for Office Sought 27336.57		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	475.01
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE

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Date

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09 / 20 / 2016

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 12 OF 12
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)		FEC IDENTIFICATION NUMBER ▼ C C00553560	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input type="checkbox"/> New report	<input checked="" type="checkbox"/> Amends report filed on
		M M M / D D D / Y Y Y Y Y Y 06 / 14 / 2016	

Full Name of Payee LEGACY LIST MANAGEMENT INC		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 06 / 13 / 2016	
Mailing Address 1155 - 15TH STREET NW SUITE 410		Amount 19.55	
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : SE.56416
Purpose of Expenditure VOTER CONTACT MAIL	Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 06 / 13 / 2016	
Name of Federal Candidate WILLIAM HURD		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 23 <input type="checkbox"/> President <input type="checkbox"/> Senate State: TX
Calendar Year-To-Date Per Election for Office Sought 28204.72		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee LEGACY LIST MANAGEMENT INC		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 06 / 13 / 2016	
Mailing Address 1155 - 15TH STREET NW SUITE 410		Amount 2.02	
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : SE.56421
Purpose of Expenditure VOTER CONTACT MAIL	Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 06 / 13 / 2016	
Name of Federal Candidate MIA LOVE		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 04 <input type="checkbox"/> President <input type="checkbox"/> Senate State: UT
Calendar Year-To-Date Per Election for Office Sought 27241.13		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	21.57
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	13649.77

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
09 / 20 / 2016

Signature